

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL**  
FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER:

0 2 - 0 0 3

2. STATE:

North Dakota

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL  
SECURITY ACT (MEDICAID)TO: REGIONAL ADMINISTRATOR  
HEALTH CARE FINANCING ADMINISTRATION  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

January 1, 2002

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

Section 1902(f)

7. FEDERAL BUDGET IMPACT:

a. FFY 2002 \$ 426,599b. FFY 2003 \$ 568,750

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Supplement 8b to Attachment 2.6-A page 4

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  
OR ATTACHMENT (If Applicable):

Supplement 8b to Attachment 2.6-A page 4

10. SUBJECT OF AMENDMENT:

Eligibility

11. GOVERNOR'S REVIEW (Check One):

- ☐
- GOVERNOR'S OFFICE REPORTED NO COMMENT
- 
- ☐
- COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
- 
- ☐
- NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☐ OTHER, AS SPECIFIED:

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:

David J. Zentner

14. TITLE:

Director, Medical Services

15. DATE SUBMITTED:

January 18, 2002

16. RETURN TO:

David J. Zentner  
Director Medical Services  
North Dakota Department of Human Services  
600 E Boulevard Ave-Dept 325  
Bismarck ND 58505**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED:

January 25, 2002

18. DATE APPROVED:

3/28/2002**PLAN APPROVED - ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL:

JANUARY 1, 2002

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:

Mark Gilbert

22. TITLE:

Acting Associate Regional Administrator

23. REMARKS:

POSTMARK: January 18, 2002

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: North Dakota

MORE LIBERAL METHODS OF TREATING RESOURCES  
UNDER SECTION 1902(r)(2) OF THE ACT

X Section 1902(f) State

     Non-Section 1902(f) State

Aged, Blind   Families &  
Disabled     Children     QMBs

- |   |   |   |    |  |
|---|---|---|----|--|
| X | X | X | 4. | Effective Date of Eligibility - An individual is considered resource eligible for the full month if he/she attains resource eligibility on any day of the month, without regard to whether the individual was resource eligible on the first moment of the first day of the month. |
| X | X | X | 5. | Effective July 1, 1996 the value of a life estate will be excluded in determining if the available assets of an applicant or recipient exceed the asset limit.   |
| X | X | X | 6. | The value of non-producing mineral acres are excluded in determining if the available assets of an applicant or recipient exceed the asset limit.  |
|   | X |   | 7. | Effective January 1, 2002, the value of all assets above the asset levels of \$3000 for a one person household, and \$6000 for a two person household (plus \$25 for each additional individual) are disregarded for applicants and recipients.                                    |

TN No. 02-003

Supersedes

RN No. 01-008

Approval Date 03/28/02

Effective Date 01/01/02